HEALTH

NEEDS ASSESSMENT 2020-2023

APPENDIX D - TABLE OF CONTENTS

VALLEY HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT

We would like to thank Valley Health System for their incredible work preparing their Community Health Needs Assessment in collaboration with Virginia Department of Health, Lord Fairfax Health District. This community health needs assessment (CHNA) was conducted to identify community health needs and to inform the subsequent development of an implementation strategy to address identified priority needs. The hospital's assessment of community health needs also responds to regulatory requirements.

Federal regulations require that tax-exempt hospital facilities conduct a CHNA every three years and develop an implementation strategy that addresses priority community health needs. Tax-exempt hospitals also are required to report information about community benefits they provide on IRS Form 990, Schedule H.
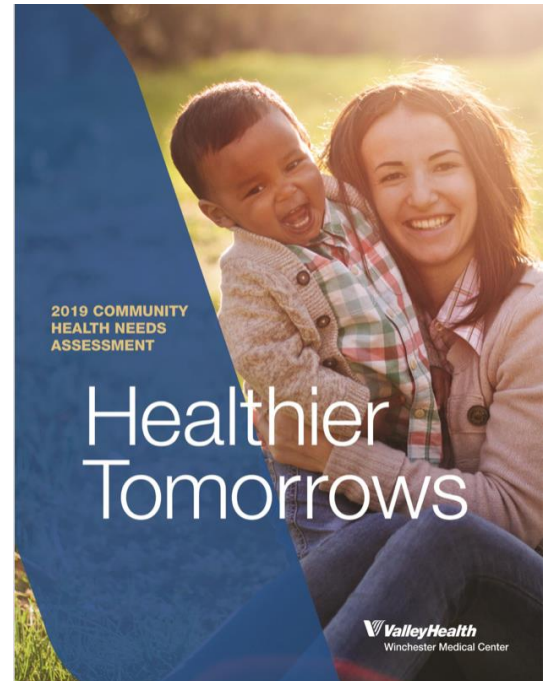
As specified in the instructions to IRS Form 990, Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities and programs seek to achieve several objectives, including:

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and
- relief of a government burden to improve health.

To be reported, community need for the activity or program must be established. Needs can be established by conducting a community health needs assessment.[1]

United Way NSV and our collaborating partners used the Valley Health Community Health Needs Assessment as a basis for the information contained in this section. We are incredibly grateful that they invited us to be a part of their process and that they gave us the ability to use the data as a part of our report.

You can view their full report and implementation strategies on their website - www.valleyhealthlink.com/chnareports

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[1] Winchester Medical Center, Community Health Needs Assessment, 2019

COUNTY HEALTH RANKINGS

County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, examines a variety of health status indicators and ranks each county/city within each commonwealth or state in terms of "health factors" and "health outcomes." These health factors and outcomes are composite measures based on several variables grouped into the following categories: length of life (years of potential life lost before age 75), quality of life (percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days), health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and physical environment (air & water, housing & transit). County Health Rankings is updated annually. County Health Rankings relies on data from 2011 to 2017.[2]

County Health Rankings 2019

There are many things that influence how well and how long we live. Everything from our education to our environment has an impact on our health. Health factors represent those things we can modify to improve the length and quality of life for residents. They are predictors of how healthy our communities can be in the future.

There is no one factor that dictates the overall health of an individual or community. A combination of multiple modifiable factors, from clean air and water to stable and affordable housing, need to be considered to ensure community health for all.

The County Health Rankings illuminate those opportunities for improvement by ranking the health of nearly every county in the nation across four health factors[3]:
- Health Behaviors: providing rates of alcohol and drug use, diet and exercise, sexual activity, and tobacco use.
- Clinical Care: showing the details of access to and quality of health care.
- Social and Economic Factors: rating education, employment, income, family and social support, and community safety.
- Physical Environment: measuring air and water quality as well as housing and transit.

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[2] County Health Rankings, About Project, 2019, https://www.countyhealthrankings.org/about-us
[3] County Health Rankings, Health Factors, 2019, https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors

The rankings are based on the 133 Virginia counties.

The key for all County Rankings:

Key	
Top 25th Percentile of VA Counties (best) Numeric Ranking (1-33)	
25th to 49th Percentile of VA Counties Numeric Ranking (34-66)	
50th to 74th Percentile of VA Counties Numeric Ranking (67-100)	
Bottom 25th percentile of VA counties (worse) Numeric Ranking (101-133)	

The numbers in parentheses represents whether or not that ranking improved (+), or got worse (-), as compared to the 2016 County Health Rankings. It's important to note that over that period of time, the criteria for measurement of some of the categories changes, so the comparison is not necessarily an apples to apples comparison.

Figure 4.1: 2019 County Health Rankings[4]

2019	Clarke	Frederick	Page	Shenandoah	Warren	Winchester City
Health Outcomes	36 (-8)	21 (+1)	55 (+11)	38 (-5)	46 (-9)	61 (+21)
Length of Life (50%)	50 (-11)	26 (+2)	68 (+21)	33 (+1)	63 (-7)	53 (+37)
Quality of Life (50%)	27 (-5)	23 (-2)	47 (-2)	48 (-10)	35 (-9)	72 (0)
Health Factors	30 (-8)	22 (+13)	94 (+7)	53 (-9)	51 (+6)	46 (+16)
Health Behaviors (30%)	14 (+6)	13 (+23)	53 (+9)	50 (-27)	67 (-19)	49 (+26)
Clinical Care (20%)	96 (-57)	84 (-3)	132 (-7)	94 (+26)	71 (+39)	33 (+8)
Social & Economic Factors (40%)	24 (-15)	18 (+7)	95 (0)	39 (+5)	45 (+3)	56 (+6)
Physical Environment (10%)	79 (+49)	48 (+29)	11 (+110)	101 (-27)	16 (+55)	59 (+26)

Comparison with 2016 indicates the City of Winchester had an improved ranking in every category. No jurisdiction had a decreased ranking in every category. Frederick County had the most favorable ranking overall and ranking in the top 25th percentile in all but 2 categories. Page and Shenandoah County were the only counties that had a ranking in the bottom percentile, each county had 1 (Clinical Care for Page County and Physical Environment for

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[4] County Health Rankings, 2019, https://www.countyhealthrankings.org/app/virginia/2019

Shenandoah County).

Figure 4.2: Ranking Comparison 2016 v. 2019[5]

Indicator Category	Clarke		Frederick		Page		Rappahannock		Shenandoah		Warren		Winchester City	
Comparison for Previous CHNA	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019
Health Outcomes	28	36↓	22	21	66	55	13	12	33	38↓	37	46↓	82	61
Length of Life (50%)	39	50↓	28	26	89	68	15	10	34	33	56	63↓	90	53
Quality of Life (50%)	22	27↓	21	23↓	45	47↓	16	18↓	38	48↓	26	35↓	72	72
Health Factors[1]	22	30↓	35	22	101	94	31	37↓	44	53↓	57	51	62	46
Health Behaviors (30%)	20	14↓	36	13	62	53	21	31↓	23	50↓	48	67↓	75	49
Clinical Care (20%)	39	96↓	81	84↓	125	132↓	114	105	120	94	110	71	41	33
Social & Economic Factors (40%)	9	24↓	25	18	95	95	28	33↓	44	39	48	45	62	56
Physical Environment (10%)	128	79	77	48	121	11	20	7	74	101↓	71	16	85	59

Source: 2019 County Health Ranking

VA Health Outcomes Key	
Rank 1-33	
Rank 34-66	
Rank 67-100	
Rank 101-133	

VA Health Factors Key	
Rank 1-33	
Rank 34-66	
Rank 67-100	
Rank 101-133	

Health Outcome Data

Health outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life, but quality of life as well.

For more on Health outcomes see - https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes

Figure 4.3: Health Outcomes Data as Compared to State of VA[6]

2019	Clarke	Frederick	Page	Shenandoah	Warren	Winchester City	Virginia
Health Outcomes	36	21	55	38	46	61	NA
Length of Life (state ranking)	50	26	68	33	63	53	NA
Premature Death[7]	7,577	6,175	8,429	6,522	8,045	7,634	6,360
Quality of Life (state ranking)	27	23	47	48	35	72	NA
Poor or Fair Health[8] (Percentage)	14%	12%	15%	15%	15%	18%	16%
Poor Physical Health Rate[9]	3.3	3.3	3.6	3.4	3.3	3.8	3.5
Poor Mental Health Days[10]	3.6	3.4	3.7	3.7	3.6	3.8	3.5
Low Birth weight[11] (Percentage)	6%	7%	7%	7%	7%	8%	8%

Shaded boxes indicate numbers that exceed (negatively), the VA State averages.

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[6] County Health Rankings, 2019, https://www.countyhealthrankings.org/app/virginia/2019
[7] Years of potential life lost before age 75 per 100,000 population (age-adjusted)
[8] Percentage of adults reporting fair or poor health (age-adjusted)
[9] Average number of physically unhealthy days reported in past 30 days (age-adjusted)
[10] Average number of mentally unhealthy days reported in past 30 days
[11] Percentage of live births with low birthweight (< 2,500 grams)

Health Behaviors Data

Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake and risky sexual behavior.

For more on health behaviors see - https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors

Figure 4.4: Health Behaviors Data as Compared to State of VA[12]

2019	Clarke	Frederick	Page	Shenandoah	Warren	Winchester City	Virginia
Health Factors (state ranking)	30	22	94	53	51	46	NA
Health Behaviors (state ranking)	14	13	53	50	67	49	NA
Adult Smoking[13] (%)	15%	14%	17%	16%	17%	18%	15%
Adult Obesity[14] (%)	27%	30%	28%	31%	28%	30%	29%
Food Environment Index[15]	9.2	9.4	8.6	9.0	9.0	8.5	8.9
Physical Inactivity[16] (%)	21%	19%	27%	27%	27%	22%	22%
Access to Exercise Opportunities[17] (%)	75%	83%	32%	74%	80%	100%	82%
Excessive Drinking[18] (%)	17%	19%	16%	18%	20%	17%	17%
Alcohol-impaired Driving Deaths[19] (%)	14%	20%	31%	18%	37%	0%	31%
Sexually transmitted infections[20]	216	234	97	195	294	491	473
Teen births[21]	11	22	32	27	28	29	19

Shaded boxes indicate numbers that exceed (negatively), the VA State averages.

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[12] County Health Rankings, 2019, https://www.countyhealthrankings.org/app/virginia/2019
[13] Percentage of adults who are current smokers.
[14] Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
[15] The Food Environment Index ranges from 0 (worst) to 10 (best)
[16] Percentage of adults age 20 and over reporting no leisure-time physical activity.
[17] Percentage of population with adequate access to locations for physical activity.
[18] Percentage of adults reporting binge or heavy drinking.
[19] Percentage of driving deaths with alcohol involvement.
[20] Number of newly diagnosed chlamydia cases per 100,000 population
[21] Number of births per 1,000 female population ages 15-19

Clinical Care Data

Access to affordable, quality and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others.

See more on clinical care data - https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care

Figure 4.5: Clinical Care Data as Compared to State of VA[22]

2019	Clarke	Frederick	Page
Clinical Care (state ranking)	96	84	132
Uninsured[23] (%)	10%	10%	14%
Primary Care Physicians[24]	2050:1	2350:1	2960:1
Dentists[25]	2900:1	7860:1	5930:1

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[22] County Health Rankings, 2019, https://www.countyhealthrankings.org/app/virginia/2019
[23] Percentage of population under age 65 without health insurance
[24] Ratio of population to primary care physicians
[25] Ratio of population to dentists

Mental Health Providers[26]	1610:1	2060:1	2970
Preventable Hospital Stays[27]	6681	6013	5439
Mammography Screening[28] (%)	42%	42%	33%
Flu Vaccinations[29] (%)	51%	51%	28%

Shaded boxes indicate numbers that exceed (negatively), the VA State averages.

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[26] Ratio of population to mental health providers
[27] Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
[28] Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening
[29] Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination

Social & Economic Factors

Social and economic factors, such as income, education, employment, community safety and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.

The social and economic opportunities we have, such as good schools, stable jobs and strong social networks are foundational to achieving long and healthy lives. For example, employment provides income that shapes choices about housing, education, childcare, food, medical care, and more. In contrast, unemployment limits these choices and the ability to accumulate savings and assets that can help cushion in times of economic distress.

See more on social and economic factors - https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors

Figure 4.6: Social & Economic Factors[30]

2019	Clarke	Frederick	Page	Shenandoah	Warren	Winchester City	Virginia
Social & Economic Factors (state ranking)	24	18	95	39	45	56	NA
High School Graduation[31]	98%	95%	97%	96%	94%	93%	87%
Some College[32]	59%	61%	45%	54%	51%	60%	70%
Unemployment[33]	3.4%	3.2%	5.3%	3.5%	3.7%	3.6%	3.8%
Children in Poverty[34]	8%	9%	22%	14%	13%	20%	14%
Income Inequality[35]	5.0	3.6	4.1	4.1	4.0	4.2	4.8
Children in Single-Parent Households[36]	33%	24%	38%	25%	34%	41%	30%

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[30] County Health Rankings, 2019, https://www.countyhealthrankings.org/app/virginia/2019
[31] Percentage of ninth-grade cohort that graduates in four years.
[32] Percentage of adults ages 25-44 with some post-secondary education
[33] Percentage of population ages 16 and older unemployed but seeking work.
[34] Percentage of people under age 18 in poverty.
[35] Ratio of household income at the 80th percentile to income at the 20th percentile.
[36] Percentage of children that live in a household headed by single parent.

Social Associations[37]	18.1	9.2	10.6	15.5	13.5	18.9	11.2
Violent Crime[38]	73	112	154	178	138	272	207
Injury Deaths[39]	90	75	84	87	83	84	60

Shaded boxes indicate numbers that exceed (negatively), the VA State averages.

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[37] Number of membership associations per 10,000 population.
[38] Number of reported violent crime offenses per 100,000 population.
[39] Number of deaths due to injury per 100,000 population.

Physical Environment

The physical environment is where individuals live, learn, work and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

See more on Physical Environment - https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment

Figure 4.7: Physical Environment[40]

2019	Clarke	Frederick	Page	Shenandoah	Warren	Winchester City	Virginia
Physical Environment (state ranking)	79	48	11	101	16	59	NA
Air Pollution – Particulate Matter[41]	9.0	9.1	8.4	8.8	8.7	9.0	8.9
Drinking Water Violations[42]	No	No	No	Yes	No	No	NA
Severe Housing Problems[43]	18%	12%	13%	14%	12%	21%	15%
Driving Alone to Work[44]	79%	83%	78%	81%	75%	67%	77%
Long Commute – Driving Alone[45]	51%	36%	45%	41%	56%	31%	39%

Shaded boxes indicate numbers that exceed (negatively), the VA State averages.

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[40] County Health Rankings, 2019, https://www.countyhealthrankings.org/app/virginia/2019
[41] Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
[42] Indicator of the presence of health-related drinking water violations. Yes indicates the presence of a violation, No indicates no violation.
[43] Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
[44] Percentage of the workforce that drives alone to work.
[45] Among workers who commute in their car alone, the percentage that commute more than 30 minutes.

County Health Rankings Key Findings

As noted on Page 63 of the 2019 Valley Health Community Health Needs Assessment, the County Health Rankings highlight the following comparatively unfavorable indicators[46].

- Adult smoking in Page, Shenandoah and Warren counties, and the City of Winchester.
- Adult obesity in Frederick and Shenandoah counties, and the City of Winchester.
- Percent of population without health insurance in Page County and the City of Winchester.
- The supply of primary care physicians, dentists and mental health providers in all the counties including the City of Winchester.
- Percent of children in poverty in Page county and the City of Winchester.
- Unemployment rates in Page county.
- The rate of social associations in all counties including the City of Winchester.
- Percent of female Medicare enrollees that received mammography screenings in Page county.
- Percent of households with severe housing problems in Clarke County.
- Percent of workforce that drives alone to work in Clarke, Frederick, and Page counties.
- Percent of workers who commute in their car alone and drive more than 30 minutes in Clarke, Page, Shenandoah and Warren counties.

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[46] Winchester Medical Center, Community Health Needs Assessment, 2019, page 63 www.valleyhealthlink.com/chnareports

Medically Underserved Areas & Populations

Medically underserved areas and populations (MUA/Ps), are designated by the Health Resources and Services Administration (HRSA), based on an "Index of Medical Underservice (IMU)." The IMU calculation is a composite of the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level and the percentage of the population age 65 or over. Areas with a score of 62 or less are considered "medically underserved."[47]

Medically Underserved Area (MUA) – a group of counties or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services.

Medically Underserved Community (MUC) – a geographic location or population of individuals eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes. As an umbrella term, MUC also includes populations such as homeless individuals, migrant or seasonal workers and residents of public housing.

Medically Underserved Populations (MUPs) – federally-designated population groups having a shortage of personal health services, often defined as groups who face economic, cultural or linguistic barriers to health care and limited access to services.

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[47] U.S. Health Resources and Services Administration. (n.d.) Guidelines for Medically Underserved Area and Population Designation. Retrieved 2012, from http://bhpr.hrsa.gov/shortage/muaps/index.html.

Figure 4.8: Map of Medically Underserved Areas, 2018[48]
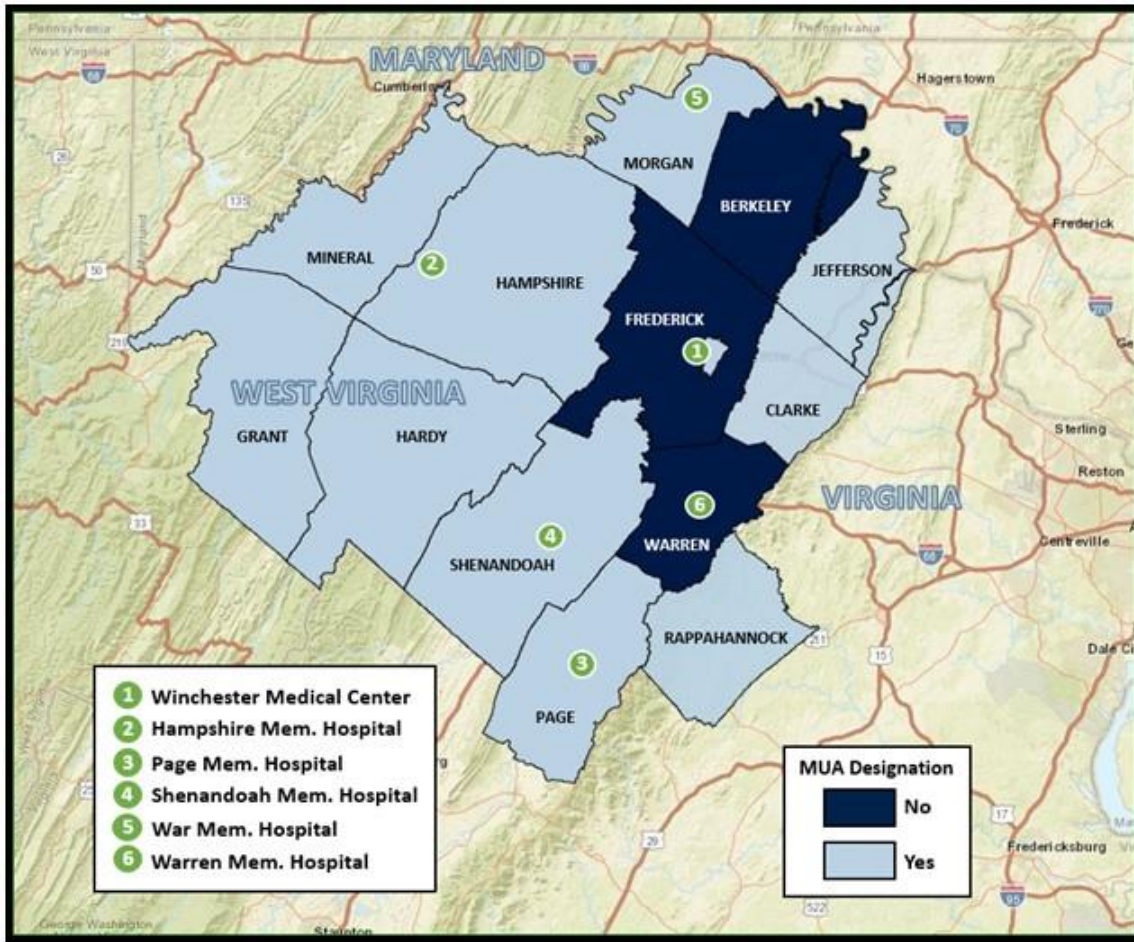
[48] Winchester Medical Center, Community Health Needs Assessment, 2019, Page 91, www.valleyhealthlink.com/chnareports
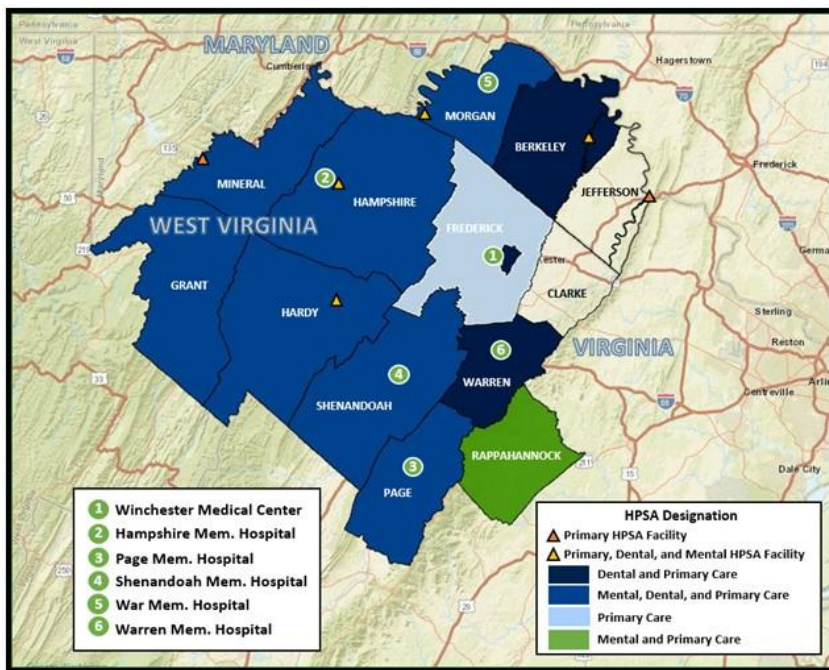
Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care or mental health care professionals is found to be present.

In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental or mental health services.

HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."[49]

Areas and populations in the Winchester Medical Center community are designated as HPSAs. Page County is designated as primary medical care, dental and mental health HPSAs, while Shenandoah county is designated as mental health and dental HPSAs. Winchester City and Warren County are designated as dental HPSAs.

Figure 4.9: Health Professional Shortage Area Designation, 2018[50]

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[49] U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). Health Professional Shortage Area Designation Criteria. Retrieved 2019, from http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html
[50] Winchester Medical Center, Community Health Needs Assessment, 2019, Page 97, www.valleyhealthlink.com/chnareports

Life Experiences & Income Inequality in the United States
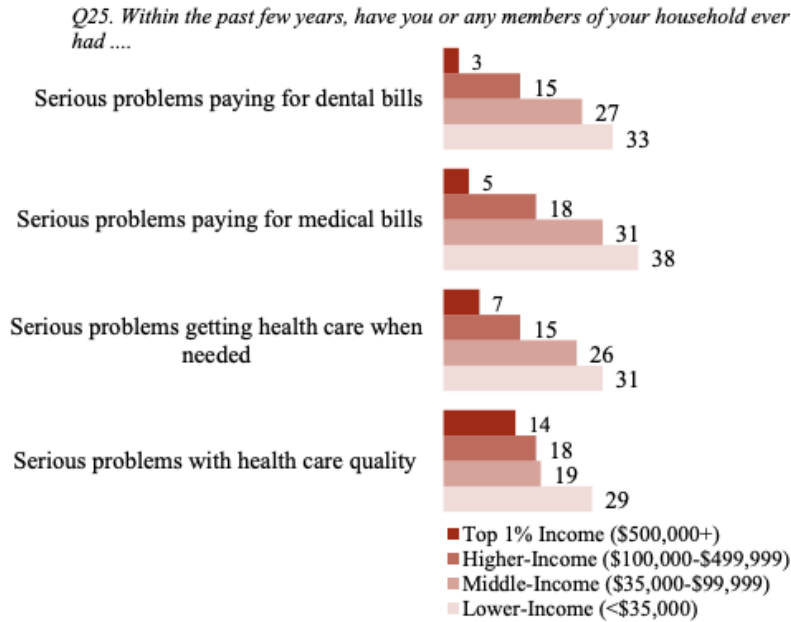
Survey Background

This information comes from a survey investigating the impact of growing inequality of the lives of US adults across different income levels. The report Life Experiences and Income Inequality in the United States (released January 2020), draws from a survey conducted for National Public Radio, the Robert Wood Johnson Foundation and the Harvard T.H. Chan School of Public Health.

The survey, conducted in July-August 2019, was large enough to stratify respondents into four income categories: 1) the top 1% highest income households, earning at least $500,000; 2) the higher income households, with earnings of $100,000 - $499,999; 3) middle income households, earning $35,000 - $99,999; and lower income households, earning less than $35,000. The survey is national in scope and does not report findings specific to the United Way NSV catchment area and other organizations serving the Northern Shenandoah Valley. However, it can provide us with some substantiation of situations for which we have anecdotal observations.
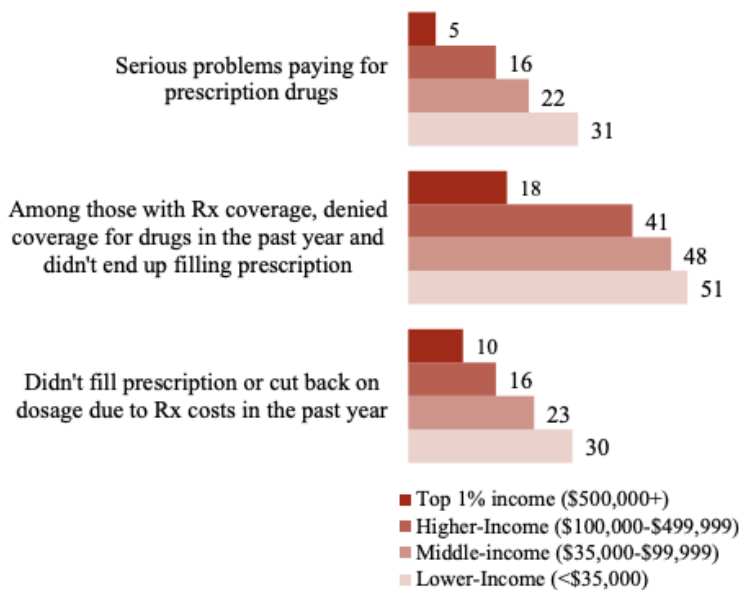
Survey Findings

1. On health care costs, adults in the top 1% rarely reported serious problems compared to about three in ten middle-income adults. See figure 4.1 below.
2. On health care access, few adults in the top 1% report serious problems compared to more than one in four middle-income and lower-income adults.
3. Fewer income differences between the top 1% and middle-income adults in reported health care quality.
4. Amongst the top 1% highest income adults, more than one in five participate in concierge medicine, a type of arrangement where they are able to reach that doctor at any time they want by paying an additional fee.
5. Few adults in the top 1% report serious problems with prescription drug costs.
6. Drug addiction, health care access, obesity and cancer are cited as biggest community health problems.

Figure 4.10: Differences in Problems with Health Care Costs, Access and Quality, by Annual Household Income (in Percent)

Q25. Within the past few years, have you or any members of your household ever had ....

Serious problems paying for dental bills
- 3
- 15
- 27
- 33

Serious problems paying for medical bills
- 5
- 18
- 31
- 38

Serious problems getting health care when needed
- 7
- 15
- 26
- 31

Serious problems with health care quality
- 14
- 18
- 19
- 29

■ Top 1% Income ($500,000+)
■ Higher-Income ($100,000-$499,999)
■ Middle-Income ($35,000-$99,999)
■ Lower-Income (<$35,000)

NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life Experiences and Income Inequality in the United States, 7/17/19 – 8/18/19. Q25a-b, Q25d-e. N=1,885 adults ages 18+.

Figure 4.11: Differences in Problems with Prescription Drug Costs, by Annual Household Income (in Percent)

Serious problems paying for prescription drugs
- 5
- 16
- 22
- 31

Among those with Rx coverage, denied coverage for drugs in the past year and didn't end up filling prescription
- 18
- 41
- 48
- 51

Didn't fill prescription or cut back on dosage due to Rx costs in the past year
- 10
- 16
- 23
- 30

■ Top 1% income ($500,000+)
■ Higher-Income ($100,000-$499,999)
■ Middle-income ($35,000-$99,999)
■ Lower-Income (<$35,000)

NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life Experiences and Income Inequality in the United States, 7/17/19 – 8/18/19. Q25c, Q32-Q35. N=1,885 adults ages 18+.

Figure 4.12: Biggest Community Health Problems, by Annual Household Income (in Percent)

Q21. What would you say is the biggest health problem facing your local community? [Open-ended]

	Lower-Income Adults	Middle-Income Adults	Higher-Income Adults	Top 1% Income Adults
Drug addiction/abuse	18	18	18	19
Health care access	11	11	13	15
Obesity	5	7	15	20
Cancer	11	9	5	5
Health care costs	5	6	6	1
Diabetes	4	6	4	3

NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life Experiences and Income Inequality in the United States, 7/17/19 – 8/18/19. Q21. N=1,885 adults ages 18+. Categories ranked by overall highest % among all respondents. No other problems were mentioned by more than 5% of adults in any income category.

SUBSTANCE ABUSE

Opioid Overdose Deaths

Data obtained from the Northern Shenandoah Valley Substance Abuse Coalition tracks the overdose deaths and non-fatal overdoses from 2011-2019. These numbers include data from the City of Winchester and counties of Frederick, Clarke, Shenandoah, Page and Warren. Overdose deaths saw a spike in 2017, then a significant decline in 2018 (likely due to the increased use of Narcan, a drug that can treat narcotic overdose in an emergency situation). Numbers did increase again in 2019, but not to 2017 levels. Reported non-fatal overdoses also saw an eight year high in 2017. Numbers declined slightly in 2018 and then slightly again in 2019[51].

Figure 4.13: Opioid Overdose Deaths –VDH District, Lord Fairfax

Opioid Overdose Deaths
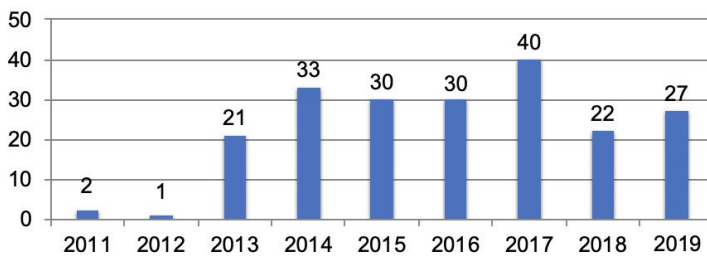
Figure 4.11: Reported Non-Fatal Overdoses[52]

Reported Non-Fatal Overdoses
NW Virginia

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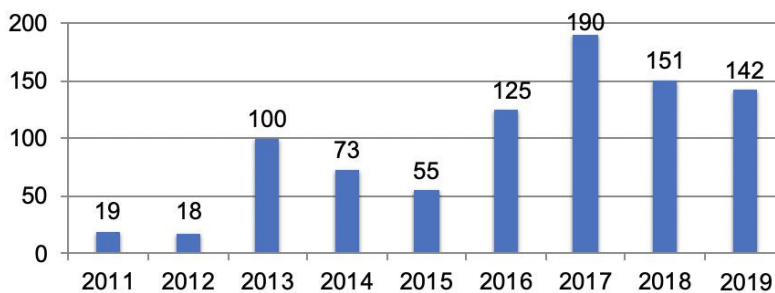
[51] Northern Shenandoah Valley Substance Abuse Coalition, 2019, Retrieved 1/8/20
[52] Northern Shenandoah Valley Substance Abuse Coalition, 2019, Retrieved 1/8/20

SUICIDE

As noted in earlier sections, the lack of mental health providers in the region combined with substance abuse and other economic factors could contribute to an increased suicide rate. According to suicide death rate data from the Virginia Department of Health, our region has had a sharp spike in suicide deaths - specifically since 2010. Figure 4.12 shows the suicide rates for all districts. The Lord Fairfax Health District (pictured top left) appears to have one of the higher suicide rates.
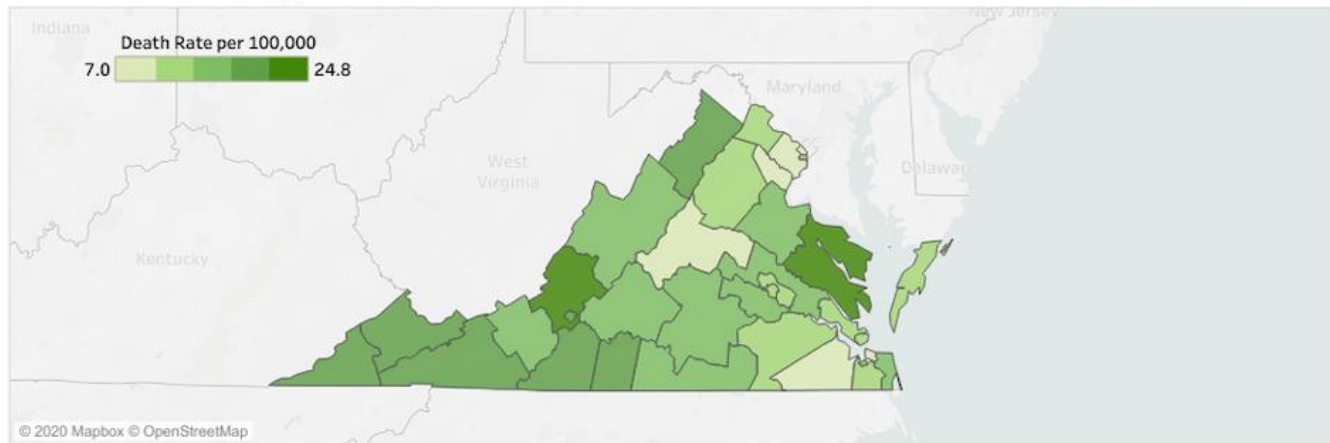
Figure 4.12: Injury Death (Suicide) by Health District – All Districts[53]

Note: The Lord Fairfax Health District includes the counties of Clarke, Frederick, Page, Shenandoah and Warren and the City of Winchester.

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[53] Virginia Department of Health, 2019, http://www.vdh.virginia.gov/data/injury-violence/

Figure 4.13: Injury Death (Suicide) by Health District – Lord Fairfax Health District[54]

Injury Deaths by Locality

This page displays injury death rates by type of injury and residence (health district) at the time of death for the state of Virginia. Use the Indicator, Year, and Health District filters to change the map and trend line.
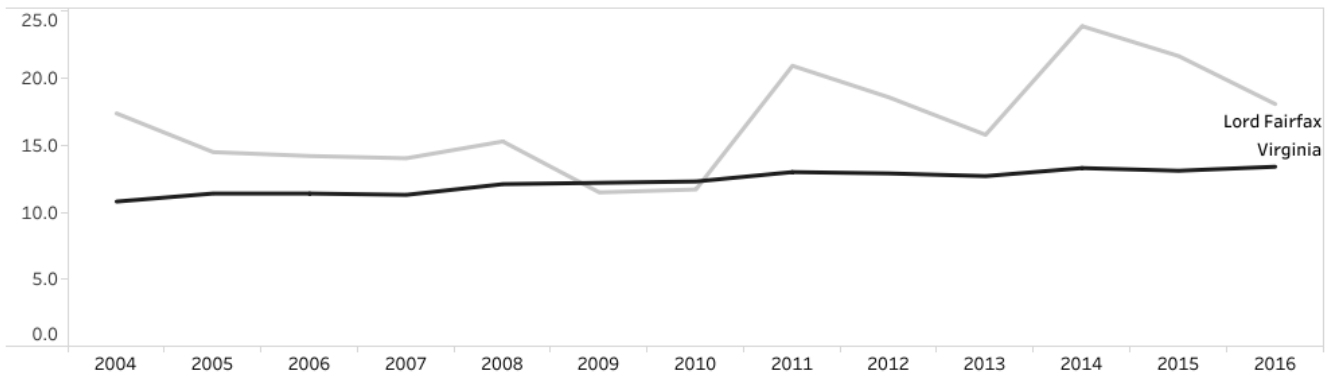
Indicator	Year	Health District
Suicide	2016	Lord Fairfax

Suicide Death Rate Map, 2016
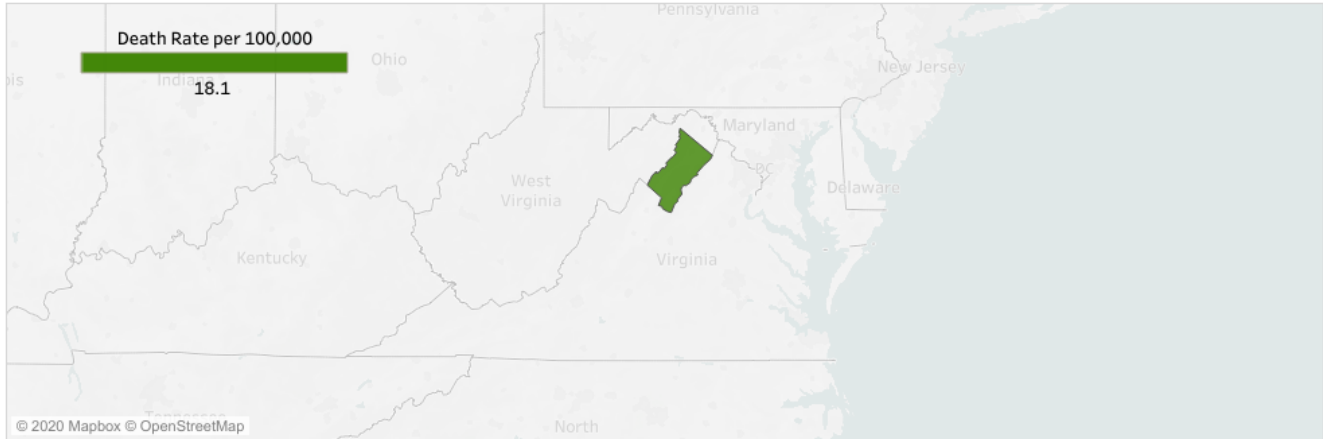
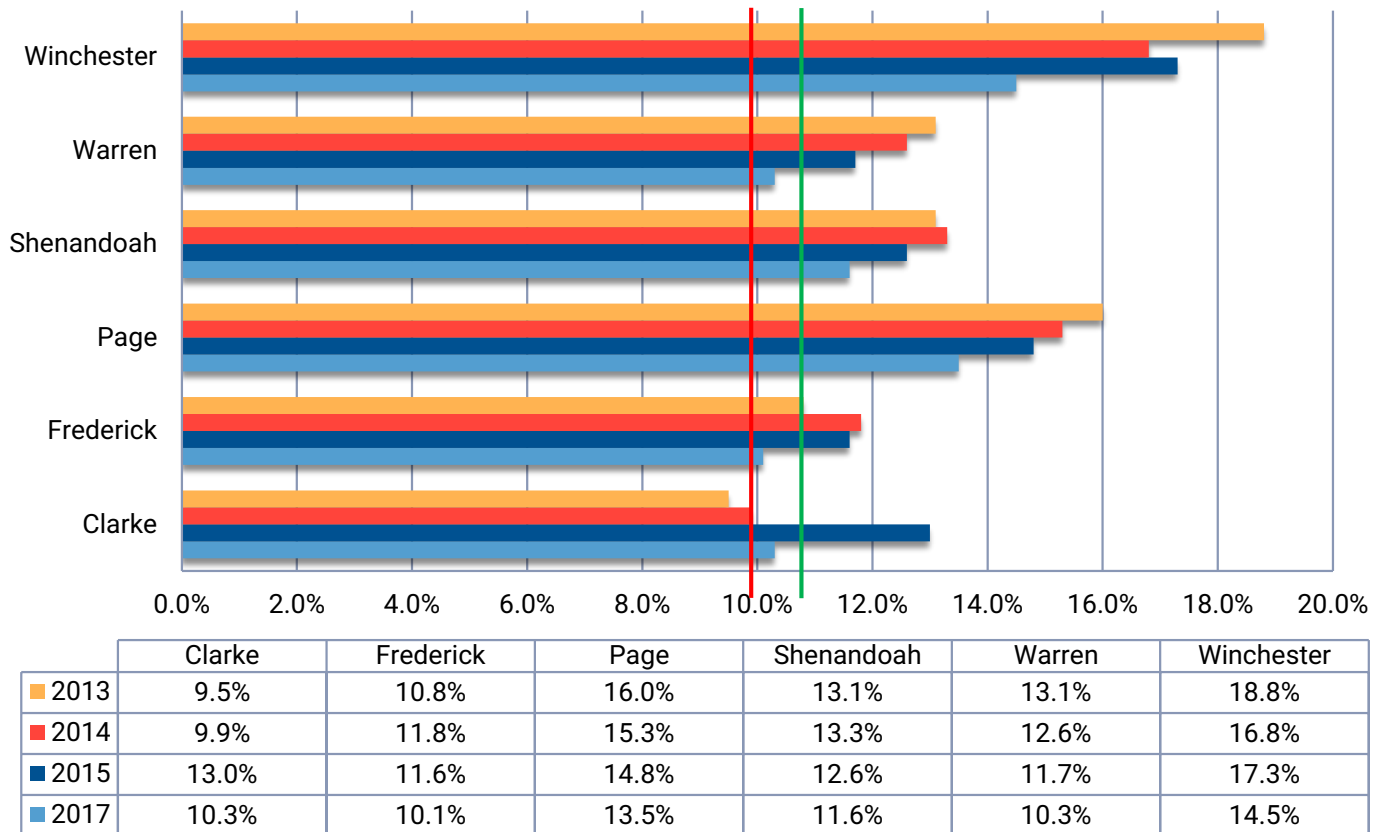### Suicide Death Rate Trend - Lord Fairfax Health District
Death Rate per 100,000

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[54] Virginia Department of Health, 2019, http://www.vdh.virginia.gov/data/injury-violence/

INSURANCE STATUS

Uninsured Population

U.S. Census Bureau data indicates that the percentage of uninsured people has decreased in each county/city since the last available data. All jurisdictions below still have uninsured percentages that are higher than the Virginia average.

Figure 4.14: Uninsured Population 2013-2017[55]

	Clarke	Frederick	Page	Shenandoah	Warren	Winchester
■ 2013	9.5%	10.8%	16.0%	13.1%	13.1%	18.8%
■ 2014	9.9%	11.8%	15.3%	13.3%	12.6%	16.8%
■ 2015	13.0%	11.6%	14.8%	12.6%	11.7%	17.3%
■ 2017	10.3%	10.1%	13.5%	11.6%	10.3%	14.5%

The red line represents the Virginia average in 2017 of 9.9% and the green line represents the U.S. average in 2017 of 10.7%.

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[55] U.S. Census Bureau, American Community Survey, Health Insurance Coverage Status, American Community Survey, Persons without health insurance, under age 65 years, percent, 2017. Updated 3/21/19.

ABUSE & NEGLECT

Child Abuse & Neglect

Rate refers to the number of founded child abuse or neglect investigations per 1,000 children ages 0-17 in the general population. When a case of suspected child abuse or neglect is reported, the local Department of Social Services decides whether to conduct a family assessment or an investigation. Investigations are either founded or unfounded. The rate is based on the number of founded reports, not the number of unique children. In other words, a single child could be the victim of multiple founded investigations. In those instances, the numbers above reflect all the founded investigations for any given child.

Clarke, Page and Shenandoah counties saw small decreases in the number of child abuse and neglect cases, while Frederick and Warren county saw small increases. Winchester City had by far the highest rate of child abuse and neglect, almost doubling from 2016 to 2017.

Figure 4.15: Child Abuse & Neglect[56]

Location	2011	2012	2013	2014	2015	2016	2017
Clarke	0.3	1.9	0.3	2.9	1.3	3.7	1.3
Frederick	2.7	3.8	3.4	2.0	1.7	1.0	1.4
Page	3.9	1.4	2.1	0.8	2.9	2.1	1.9
Shenandoah	2.6	3.5	3.7	2.4	4.6	3.7	1.3
Warren	3.0	1.8	2.1	2.1	1.3	1.6	2.3
Winchester	7.4	3.1	5.3	4.0	4.8	3.7	6.4

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[56] Kids Count Data Center, Virginia Department of Social Services, September 2017, retrieved 1/2/20. https://datacenter.kidscount.org/data/tables/3249-rate-of-child-abuse-and-neglect-founded-number-per-1000-children#detailed/5/6839,6858,6904,6926,6937,6942/false/871,870,573,869,36,868,867,133,38,35/any/18845

VALLEY HEALTH CHNA SURVEY RESULTS

The community health survey questionnaire was completed by 2,472 residents from the Winchester Medical Center (WMC) community. Of these surveys, 108 were from the Hispanic population.

WMC's survey of community health consisted of questions about a range of health status and access issues, as well as respondent demographic characteristics. The survey was made available from January – March 2019 on Valley Health's website and was widely publicized at the Valley Health Community Wellness Festival, Lord Fairfax Community College and at a Mexican Consulate event on the Our Health, Inc. campus.

The survey was also available via e-mail distribution lists, computer kiosks throughout the region, partner organizations, mass mailing, newsletters, social media and websites. The questionnaire was available in English and Spanish, and paper copies were available on request.

Of the 2,472 surveys from WMC's community:

Almost 69% of respondents were female and 51% were between the ages of 35 and 64. 89% were White and 3% identified as Hispanic or Latino. The majority of respondents reported being in good, very good or excellent overall health. There were 62.7% of respondents that reported they were married, employed full-time (53%), and having an undergraduate degree or higher (55%). The majority (98%) of respondents speak English in the home. One percent of respondents reported that they spoke multiple languages at home and 6% reported speaking only Spanish at home. [57]

A selection of survey results is summarized below. The full survey results can be found on pages 123-140.

Which of the following do you believe are the three most important factors for a healthy community? (English Survey)

1. Jobs and stable economy
2. Access to health care (e.g., family doctor)
3. Safe place to raise children
4. Low crime/safe neighborhoods
5. Healthy behaviors and lifestyles
6. Excellent schools

Over 40% of respondents indicated jobs, a stable economy and access to care were among the most important factors for a healthy community. Affordable housing, excellent schools,

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[57] Winchester Medical Center, Community Health Needs Assessment, 2019, Pages 123-140, www.valleyhealthlink.com/chnareports

healthy behaviors and lifestyles, low crime/safe neighborhoods and safe place to raise children were identified by over 20% of respondents as among the most important factors.

Which of the following do you believe are the three most important factors for a healthy community? (Spanish Survey)

1. Safe place to raise children
2. Access to health care (e.g., family doctor)
3. Jobs and stable economy
4. Clean environment
5. Low crime/safe neighborhoods
6. Healthy behaviors and lifestyles

Over 50% of respondents indicated that a safe place to raise children, access to care, jobs and a stable economy were among the most important factors for a healthy community. A clean environment, low crime/safe neighborhoods, healthy behaviors and lifestyles, and affordable housing were identified by over 30% of respondents as among the most important factors

Which of the following do you believe are the three most significant health problems in our community? (Those problems which have the greatest impact on overall community health)? (English Survey)

1. Being overweight
2. Mental health (depression, bipolar, autism)
3. Low income/financial issues
4. Cancer
5. Access to healthy food
6. Diabetes
7. Affordable housing

Over 30% of respondents indicated being overweight and mental health among the most significant health problems in the community. Low income, financial stability, cancer, access to healthy foods, diabetes, affordable housing and heart disease were identified by over 11% of respondents as among the most significant health problems.

Which of the following do you believe are the three most significant health problems in our community? (Those problems which have the greatest impact on overall community health)? (Spanish Survey)

1. Being overweight
2. Diabetes
3. Access to healthy food
4. Cancer
5. High blood pressure
6. Childhood obesity

7. Domestic Violence

Over 40% of Spanish survey respondents indicated being overweight, having diabetes, access to healthy foods and cancer were the most significant health problems in the community. High blood pressure, childhood obesity, domestic violence, not enough exercise and teen pregnancy were identified by over 15% of respondents as among the most significant health problems.

Which of the following do you believe are the three most frequent risky behaviors in our community? (Those behaviors which have the greatest impact on overall community health). (English Survey)

1. Drug abuse
2. Alcohol abuse
3. Poor eating habits
4. Tobacco use/smoking
5. Racism or other form of bigotry
6. Lack of exercise

Over 15% of respondents indicated drug abuse was the most risky health behavior in the community. When asked to identify the top risky health behaviors in the community, English survey respondents most often indicated alcohol abuse, poor eating habits, tobacco use and smoking, racism or other form of bigotry, lack of exercise and unsafe sex.

Which of the following do you believe are the three most frequent risky behaviors in our community? (Those behaviors which have the greatest impact on overall community health). (Spanish Survey)

1. Alcohol abuse
2. Drug abuse
3. Tobacco use/smoking
4. Racism or other form of bigotry
5. Lack of exercise
6. Not getting recommended vaccines

The top risky health behaviors in the Spanish community indicated by the survey respondents are: drug abuse, alcohol abuse, tobacco use/smoking, racism or other form of bigotry and lack of exercise. These are followed by not getting shots to prevent disease, not using seat belts/child safety seats, dropping out of school and unsafe sex.

INFORMANT INTERVIEWS

Valley Health CHNA, Summary of Interview Findings, 2019

Valley Health and Our Health, Inc. conducted both face-to-face informant interviews and telephone interviews during the months of March and April 2019. The interviews were designed to obtain input on health needs from persons who represent the broad interests of the community served by WMC, including those with special knowledge of or expertise in public health[58].

Fifty-six individual and group interviews were conducted, including: persons with special knowledge of or expertise in public health; health and other public departments or agencies with data or information relevant to the health needs of the community; and leaders, representatives and members of medically underserved, low-income and minority populations, and of populations with chronic disease needs; and representatives of the education and business communities. An annotated list of individuals providing community input is included the following section of this report.

Interviews were conducted using a structured questionnaire. Informants were asked to discuss community health issues and encouraged to think broadly about the social, behavioral and other determinants of health. Interviewees were asked about issues related to health status, health care access and services, chronic health conditions, populations with special needs and health disparities.

The frequency with which specific issues were mentioned and interviewees' perceptions of the severity (how serious or significant) and scope (how widespread) of each concern were assessed. The following health status issues and contributing factors were reported to be of greatest concern. The items in each list are presented in order of stated importance, although the differences in some cases are relatively minor.

The following issues were identified by external informants as those of greatest concern to the community health in the WMC community, and are presented in alphabetical order.

Access to Health Care:

While mental health care and elderly care were mentioned previously, interviewees identified several other health care services that were difficult to access. Respondents identified extended hours, to add additional specialists, to include pediatricians and low-cost health care options for screenings and other services.

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[58] Winchester Medical Center, Community Health Needs Assessment, 2019, Pages 141-144, www.valleyhealthlink.com/chnareports

1. **Dental care:** A community resident's ability to receive proper dental care was a concern for many of those interviewed. Some community residents are traveling to West Virginia to receive services. Interviewees believed that a lack of dental insurance and affordability were the main causes for residents leaving the community for services.

2. **Primary care:** Interviewees mentioned that primary care services can be difficult to access in the community, especially for underserved communities. This concern was magnified by a belief that many community residents used the emergency room as a primary care provider. Cost of care, lack of insurance and navigating through the health care system were cited as causes of not accessing care.

3. **Specialty care providers:** Interviewees had mentioned a lack of specialty care services in the community, especially for children needing cancer or mental health services.

Factors Contributing to Health Status and Access to Care

In addition to discussing health status issues and health conditions in the community, interview participants addressed the factors or conditions they believe contribute most to poor health status. Responses were similar to the 2016 Community Health Needs Assessment reports. An alphabetical list of the major contributing factors raised, some of them inter-related, are below:

1. **Access to health care (physicians/specialists):** Interview participants cited a wide range of difficulties regarding access to care, including availability of providers (physicians/specialists), cost and affordability of care, significant transportation barriers for low-income and elderly populations, and language or cultural barriers for some members of the community. Some interviewees mentioned that there are community residents that do not seek medical care due to their immigration status in the country.

2. **Affordable housing/assisted living:** Interview participants frequently mentioned the need for affordable housing across the WMC community and assisted home care for senior citizens. Some interview participants highlighted the particular health risks experienced by older residents in the community. Seniors have lower incomes, transportation barriers, advanced chronic diseases and social isolation that can negatively impact health status.

3. **Cancer:** Cancer was mentioned frequently during the interview process. Some believe this is due to increased awareness of cancer services within the WMC community, however, others mentioned that it may be the result of more awareness and residents scheduling preventative screenings.

4. **Chronic illness (i.e. Cholesterol, Diabetes, and Heart Disease):** Diabetes was the most frequently mentioned chronic disease in the interviews, and was often paired with discussion about obesity and being overweight. This was true for all ages, but these health issues were noted to be rising among children and youth. Commenting on related contributing factors, interview participants mentioned nutrition and diet, low physical activity and exercise levels, and food insecurity and hunger. Access to healthy foods were mentioned as a barrier, including that some do not have money to purchase fresh produce. There was widespread recognition of the toll that chronic illness has on health, the impact on the health care system, and the importance of not only treatment but also behavioral change in addressing the chronic disease.

5. **Drug and substance abuse:** An array of substance abuse issues were identified across the WMC community as important to those interviewed. Substance abuse was portrayed as both growing and serious throughout the region. Heroin was mentioned most often; however, alcohol, marijuana, and methamphetamine use were also mentioned. Interviewees reported that pregnant women who use illicit drugs and possibly compromise the health of their babies is still of significant importance to the WMC community.

6. **Education/awareness:** Several interviewees mentioned that education and awareness about services were barriers to care. Factors linked generally to educational attainment and specifically to health education were noted by interview participants as impeding both the ability to effectively seek and manage health care, and to adopt and practice healthy behaviors. Many noted that the community is not aware of services available to them, and that finding services is not easily managed. It was also mentioned that those coming out of prison have limited access to resources.

7. **Financial insecurities and poverty:** It was frequently stated that issues related to income and financial resources limit access to care, contribute to poor diet and nutrition, and create stresses that negatively impact health.

8. **Homelessness:** Homelessness is a risk factor for poor health and creates stress and challenges to maintaining one's health and seeking or obtaining needed health care. Homelessness was frequently mentioned among the interviewees, and also noted that in order to have housing, basic needs would need to be met such as employment, food, and shelter.

9. **Lack of physical activity and exercise:** Among health behaviors that contribute to or inhibit good health, a lack of physical activity and exercise were mentioned as a concern for all age groups. Interview participants recognized that reasons for limited activity and strategies to increase activity differ across the life span.

10. **Mental and behavioral health:** Mental and behavioral health were the second most frequently-mentioned health issue in the community. Interviewees reported that the community's mental health needs have risen, while mental health service capacity has

not. They described a wide range of mental health issues, including bullying among youth, autism spectrum symptoms and diagnoses, depression among senior citizens, adult and family stress and coping difficulties, lack of affordable outpatient mental health professionals, and a lack of local inpatient treatment facilities, especially for children. Interviewees also noted frequent dual diagnoses of mental health and substance abuse problems, and that having an inpatient detox center/unit would be beneficial to the community.

11. **Poor nutrition and diet:** Among healthy behaviors, dietary habits and nutrition were mentioned most frequently as major factors in obesity, diabetes, heart disease and related conditions, and chronic diseases. Interview participants mentioned these were due to a lack of access to affordable healthy foods for lower income families. It was mentioned some residents to not have a stable food source.

12. **Smoking and tobacco:** Smoking and tobacco use were frequently mentioned in the context of concerns about drug and substance abuse. Smoking was viewed as a significant issue, although average smoking rates have declined, the long-lasting health effect has now become notably worse since the launch of electronic cigarettes (e-cigarettes).

13. **Transportation:** Several interviewees identified the lack of transportation options in the community as a problem. In some rural locations, the lack of transportation options were seen as a major barrier for residents to receive proper health care. This problem was identified as a particular need among low-income and elderly residents.

14. **Unhealthy lifestyles:** Many interviewees identified unhealthy lifestyle behaviors around nutrition and lack of activity as concerns. Diabetes, heart disease, and obesity were mentioned often across the WMC community.

Significant Community Health Needs – Valley Health Community Needs Assessment Findings

The CHNA identified and prioritized community health needs using the data sources, analytic methods, and prioritization process and criteria described in the Methodology section. These needs are listed below in priority order and described on the following pages, with examples of the data supporting the determination of each health need as a priority. Further detail regarding supporting data, including sources, can be found in the CHNA Data and Analysis section of the report[59].

Prioritized Health Needs:

1. Behavioral and Health Status Factors
2. Access to Primary, Preventive and Specialty Care
3. Social and Economic Factors
4. Mental Health and Substance Abuse
5. Health Outcomes
6. Maternal and Child Health

To provide insight into trends, a comparison to findings from WMC's August 2016 CHNA is included below the description and key findings of each priority need.

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[59] Winchester Medical Center, Community Health Needs Assessment, 2019, Pages 7-14, www.valleyhealthlink.com/chnareports

Prioritized Health Need #1:
Behavioral and Health Status Factors Physical Activity, Obesity, and Other Chronic Diseases

A lack of physical activity and poor nutrition are contributing factors to being overweight. Obesity can also lead to a wide range of health problems and chronic diseases among all age groups. This includes high cholesterol, hypertension, diabetes, heart disease, stroke, and some cancers. Nationally, the increase in both the prevalence of being overweight and obesity and associated chronic diseases is well-documented and has negative consequences for individuals and society. Low-income and poverty often contribute to poor nutrition and to hunger.

Key Findings

- Commenting on the contributing factors to poor health status, interview participants mentioned nutrition and diet, low physical activity and exercise, and food insecurity. Many commented on the lack of affordable, healthy food choices in some parts of the community. Obesity among children and youth within the community was reported to be a concern.
- During the 2018-2019 school year, 55.8% of students in Page county and 46.1% of students in Warren county received free or reduced-price lunches, indicating risk of poor nutrition and hunger.
- Page county showed a higher rate of limited access to exercise opportunities than the other counties as reported by 2019 County Health Rankings.
- Food deserts – low-income areas more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas – exist in six of the nine counties plus Winchester City in WMC's primary service area. In the secondary service area, food deserts exist in two of four counties.
- Ninety-eight schools in the WMC community, located in every county except Clarke, had 40% or more of their students eligible for free and reduced-price lunches, indicating risks of poor nutrition and hunger.

In comparison to the August 2016 CHNA, physical activity, nutrition, and obesity-related chronic diseases were one of the top health priority areas identified in WMC's August 2016 CHNA. Participants in key informant interviews in 2016 reported obesity prevalence as bad or worse than two to three years ago.

Prioritized Health Need #2:
Access to Primary, Preventive and Specialty Care Primary, Specialty and Dental Care

Access to primary and preventive health care services through a doctor's office, clinic or other appropriate provider is an important element of a community's health care system, and is vital to the health of the community's residents. The ability to access care is influenced by many factors, including insurance coverage and the ability to afford services, the availability and location of health care providers, an understanding of where to find services when needed, and reliable personal or public transportation.

Key Findings

- While there has been some growth in providers, the Winchester community is experiencing lower ratio rates when it comes to the number of primary care physicians per 100,000 populations, the number of available dentists, and an increased need for additional mental health providers. The Winchester community is below the Virginia ratio in several counties for these types of providers, according to the County Health Rankings report. Four of six Virginia counties and two of seven West Virginia counties in the service area ranked in the bottom half of all counties in their respective states on "access to care" in the County Health Rankings.
- Six of the nine counties in WMC's primary service area, plus Winchester City, have higher percentages of uninsured residents than their respective states, according to the U.S. Census. Seven counties overall have higher percentages of uninsured residents than their respective states. Nine of the thirteen counties have higher percentages of uninsured residents than the U.S.
- Concerns about access to care were the most frequently mentioned factor contributing to poor health in key informant interviews.
- Lack of accessible or reliable transportation to health care appointments and a lack of providers who accept new Medicaid and even Medicare patients, were the most frequently mentioned specific access to care issues in interviews, especially for low-income individuals and senior citizens.
- 32% of survey respondents reported not being able to get needed basic primary care due to lack of insurance and 14.4% reported that they could not afford the medical care.

In comparison to the August 2016 CHNA, access to affordable health care was one of the priority issues identified in WMC's August 2016 CHNA, for reasons including: a lack of providers relative to the population; affordability and the uninsured; and the challenges of unemployment and low income.

Prioritized Health Need #3:
Social & Economic Factors
Poverty, Housing & Homelessness, Low Income Families

Income levels, employment and economic self-sufficiency correlate with the prevalence of a range of health problems and factors contributing to poor health. People with lower income or who are unemployed/underemployed are less likely to have health insurance or the ability to afford out of pocket health care expenses. Lower income is associated with increased difficulties securing reliable transportation, which impacts access to medical care, and the ability to purchase an adequate quantity of healthy food on a regular basis. For these and other reasons, the assessment identified financial hardship and basic needs insecurity as a priority health need in the community.

Key Findings

- Participants in interviews believe that low income housing and poverty were the top issues contributing to poor health status and limited care. Other income-related factors noted include difficulty with securing transportation to medical appointments and homelessness.
- In the survey, low income and financial challenges were reported. For survey respondents who reported not being able to always get the care they needed, affordability and lack of insurance coverage were the reasons most frequently mentioned.

In comparison to the August 2016 CHNA, financial hardship and basic needs insecurity was not one of the top health priority areas identified in WMC's August 2016 CHNA, but that assessment did note several financial hardship measures relevant to health. The study reported that the community experienced a 19% increase in the percentage of households (incomes under $25,000) since 2009.

Prioritized Health Need #4:
Mental Health and Substance Abuse
Smoking, Alcohol and Drug Abuse, and Mental Health Services

Mental Health

Mental and behavioral health includes both mental health conditions (e.g., depression, bi-polar) and behavioral problems (e.g., bullying, suicidal behavior). Poor mental and behavioral health causes suffering for both those afflicted and the people around them. It can negatively impact the ability of children to learn in school, and the ability of adults to be productive in the workplace and to provide a stable and nurturing environment for their families. Poor mental or behavioral health frequently contributes to or exacerbates problems with physical health and illness.

Key Findings

- Nine of the thirteen counties in WMC's community reported poor mental health days higher than their state's average according to the County Health Rankings report.
- There are twelve locations in WMC's community that are designated as a medically underserved area or population.
- The suicide rate in ten of the thirteen counties in the overall service area for which data were available was worse than their respective state's rates, according to the state health departments in Virginia and West Virginia.
- Major concerns mentioned by key informants were the need for more providers to care for children with mental and behavioral health issues. The WMC community has limited resources for this type of community need.
- An additional concern mentioned by key informants was connecting patients with services needed. Wait times are very long for patients to see a clinician.

In comparison to WMC's 2016 CHNA, mental health was one of the priority issues identified in WMC's 2016 CHNA, for reasons including: the presence of mental health, health professional shortage area (HPSAs); and unfavorable suicide rates compared to the state's average. Both mental health needs and a lack of treatment options were frequently mentioned by interviewees; identification of substance abuse and mental health ranked as the second highest health priority in community response sessions.

Substance Abuse

Substance abuse includes the use of illicit substances (e.g., cocaine, heroin, methamphetamine, and marijuana), misuse of legal over-the-counter and prescription medications, and abuse of alcohol. Substance abuse affects not only the individual substance user, but those around them; negatively impacting health, safety and risky behaviors, including violence and crime, adult productivity, student ability to learn, and families' ability to function.

Tobacco smoking is well- documented to be a risk factor for various forms of cancer, heart disease and other ailments, and to pose health risks for those exposed to secondhand smoke.

Key Findings

- A health factor of alcohol use based on binge and excessive drinking placed Clarke and Frederick counties in the second quartile of all Virginia counties, according to County Health Rankings report.
- Substance abuse was a major concern and mentioned frequently by key informant interview participants. It was portrayed as a growing and serious issue.
- Substance abusers are often classified as offenders, and have limited options for seeking treatment.

In comparison to the August 2016 CHNA, substance abuse was one of the priority issues identified in WMC's August 2016 CHNA. It was frequently mentioned as a serious issue by interview participants. Focus groups identified substance abuse and mental health as the second highest health priority.

Prioritized Health Need #5: Health Outcomes
Length of Life & Quality of Life

Health outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing both length of life and the quality of life.

Length of life measures how long people within a community live and whether the people are considered to be dying too early. Quality of life refers to how healthy people feel while alive. It represents the well-being of a community, and represents the importance of physical, mental, social and emotional health from birth to adulthood.

Key Findings

- Four of the fourteen counties reported adult smoking percentages higher than the state averages. Page and Warren counties reported 17% of the population were smokers, Shenandoah county showed 16% (Exhibit 23B).
- Mortality due to malignant neoplasms (cancer), chronic lower respiratory disease, nephritis, influenza/pneumonia, and suicide rates were greater than the state average for six of the seven counties (Exhibit 24).
- In the WMC community, suicide rates were higher than the state averages.
- Septicemia for Page County was reported 50-74% worse than the national average
- Rappahannock and Warren counties reported unintentional injury related mortality at a higher rate than both the Virginia and national averages.

Prioritized Health Need #6:
Maternal and Child Health
Teen Births, Infant Mortality, No Prenatal Care in 1st Trimester

Maternal and child health indicators, including teen pregnancy and infant mortality, should be considered when evaluating the health of a community. The rate of teen pregnancy is an important health statistic in any community for reasons that include: concerns for the health of the mother and child, the financial and emotional ability of the mother to care for the child, and the ability of the mother to complete her secondary education and earn a living. Teen pregnancy also stresses the educational system and the families of teen mothers. Infant mortality can be a sign of deficits in access to care, health education, personal resources, and the physical environment.

Key Findings

- The teen birth rates in Winchester City and two of the seven counties in West Virginia were higher than the state and U.S. averages (Exhibit 23B).
- Infant mortality rates were higher in Winchester City than the other counties within the region.
- Key informant interviews mentioned that there is a need to promote the importance of health screenings among women aged 40-50 years old.
- Key informant interviews mentioned that there was limited access to prenatal care and obstetric services in Front Royal and Warren County.

In comparison to the August 2016 CHNA, maternal and child health indicators, including teen pregnancy and infant mortality, were not identified as top health priorities in Winchester Medical Center's August 2016 CHNA.